

Application Data Sheet

Application Information

Application number::	<i>Unassigned</i>
Filing Date::	<i>Herewith</i>
Application Type::	<i>Regular</i>
Subject Matter::	<i>Utility</i>
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	<i>None</i>
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	<i>Paper</i>
Computer Readable Form (CRF)?::	<i>No</i>
Number of copies of CRF::	
Title ::	<i>BRAKE WITH CALIBRATION AND DIAGNOSTICS AND METHOD AND PROGRAM PRODUCT RELATED THERETO DP-310523</i>
Attorney Docket Number::	
Request for Early Publication?::	<i>No</i>
Request for Non-Publication?::	<i>No</i>
Suggested Drawing Figure::	<i>1</i>
Total Drawing Sheets::	<i>5</i>
Small Entity?::	<i>No</i>
Latin name::	
Variety denomination name::	
Petition included?::	<i>No</i>
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	<i>No</i>

Correspondence Information

Name:: *Michael D. Smith*
Street of mailing address:: *P.O. Box 5052, Mail Code: 480-410-202*
City of mailing address:: *Troy*
State or Province of mailing address:: *Michigan*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *48007*

Phone number:: *(248) 813-1250*
Fax Number: *(248) 813-1222*
E-Mail address:: *Michael.D.Smith@delphi.com*

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship Country:: *United Kingdom*
Status::

Given Name:: *Gary*
Middle Name:: *C*
Family Name:: *Fulks*
Name Suffix::
City of Residence:: *Centerville*
State or Province of Residence:: *Ohio*
Country of Residence:: *United States*
Street of mailing address:: *1020 Green Timber Trail*
City of mailing address:: *Centerville*
State or Province of mailing address:: *Ohio*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *45458*

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship Country:: *United States*
Status::

Given Name:: *Michael*
Middle Name:: *C*
Family Name:: *Pfeil*
Name Suffix::
City of Residence:: *South Charleston*
State or Province of Residence:: *Ohio*
Country of Residence:: *United States*
Street of mailing address:: *3184 Buena Vista*
City of mailing address:: *South Charleston*
State or Province of mailing address:: *Ohio*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *45368*

Assignee Information

Assignee name:: *Delphi Technologies, Inc.*
Street of mailing address:: *P.O. Box 5052, Mail Code 480-410-202*
City of mailing address:: *Troy*
State or Province of mailing address:: *Michigan*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *48007*